

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 1  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>SFA Fund, Inc</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00828061	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>KEY STRATEGIC CONSULTING, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 13 / 2023</b>	
Mailing Address <b>1104 WEST BROAD STREET</b> <b>STE. 1083</b>		Amount <b>50000.00</b>	
City <b>FALLS CHURCH</b>	State <b>VA</b>	Zip Code <b>22046</b>	Transaction ID : <b>SE24.7374</b>
Purpose of Expenditure <b>ONLINE ADVERTISING, EMAIL COMMUNICATIONS, TEXT MESSAGING</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 14 / 2023</b>
Name of Federal Candidate <b>HALEY, NIKKI, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>456869.07</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>SHIRE STRATEGIES LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 13 / 2023</b>	
Mailing Address <b>4885 MCKNIGHT ROAD</b>		Amount <b>50000.00</b>	
City <b>PITTSBURGH</b>	State <b>PA</b>	Zip Code <b>15237</b>	Transaction ID : <b>SE24.7372</b>
Purpose of Expenditure <b>DIGITAL ADVERTISING</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 13 / 2023</b>
Name of Federal Candidate <b>HALEY, NIKKI, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>506869.07</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>100000.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>100000.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Reid, Katie, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**03 / 15 / 2023**

Signature